## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 7/3/08	Address:	4000 N Ow 4542
Case #: 42-28466		CARCINON Y IN 4324
County: Decare		٠ ١ ١ ٢ ٢ ٢ ١
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Scizure Location (c Residence Outbuilding Vehicle	heck all that apply)  Hotel/Motel  Open – No Structure  Other:
Items Found: Location (hedroom, kitchen, open at	r, c(c)	<del></del>
(check all that apply)  Lithium/Ammonia Reaction(s):		
Red Phosphorous/Iodine Reaction(s):		
☐ Flammable Solvents:		
Water Reactive Metal (Lithium):		
Anhydrous Ammonia: 3 apreson		
Hydrochloric Acid Gas Generator(s):		
Corrosive Acid:		
Corrosive Base:		
Other (item and location);		
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services	Rctail/Me	Pseudoophodrine Tracking Log
This report is to be faxed to the following agen-	cies that serve the lo	cation:
Fire Department: Coccussing FO	Гах: <u>663</u> -	8671
Health Department: De con Co	l'ax: <u>668 -</u> l'ax:	4701
Child Protection Service:	- Tua:	91 431
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Phone 812.683-5000		

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.